

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Midstate Christian Academy Date: 9.2.22 Time: 11:35
Preschool

Location Address: 139 Charles St Meriden Telephone #: 203-237-0302

e-mail address: info@midstatechristian.com License #: 70253 Expiration Date: 8.31.23

Capacity: 22 # of Children Present: 18 # of Staff Present: 2

**Consent to Inspect
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.

Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to Inspection dated 3.28.22

Observations/Corrections needed:

Ⓞ #21 Ratio: Observed one teacher with 10 children
and one teacher with 8 children. observed class to be
divided, and taking a bathroom break.
Observed class to be in ratio during visit

Ⓞ #69 ceiling tiles observed to not be stained during visit

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO
OEC BY: na

Signature: Jennifer Serra
(OEC Representative)

Print Name: Jen Serra

Signature: Dinorah Hilario
(Person in Charge)

Print Name: Dinorah Hilario